

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90085 007 \*\*\*150.00

**DOCUMENT # P01000029067**

1. Entity Name  
**JA VISUAL, INC.**

Principal Place of Business

~~7117 SW ARCHER RD. #2218~~  
~~GAINESVILLE FL 32608~~

Mailing Address

~~7117 SW ARCHER RD. #2218~~  
~~GAINESVILLE FL 32608~~

2. Principal Place of Business

**5807 NE 62nd Court road**

3. Mailing Address

**5807 NE 62nd Court road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Silver Springs, FL**

City & State

**Silver Springs, FL**

4. FEI Number

**X 59-3707622**

Applied For

Not Applicable

Zip

Country

**34488**

**USA**

Zip

Country

**34488**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CRIPPEN, JEFFERY P**  
**7117 SW ARCHER RD, #2218**  
**GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **April L. Reichert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5807 NE 62nd Court road**

City **Silver Springs** **FL** Zip Code **34488**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **April L. Reichert**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
 NAME **April L. Reichert**  
 STREET ADDRESS **5807 NE 62nd Court road**  
 CITY-ST-ZIP **Silver Springs, FL 34488**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **April L. Reichert** **7/15/02** **352-236-1910**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

attachment

JA Visual, Inc.  
5807 NE 62<sup>nd</sup> Court Road  
Silver Springs, Florida 34488

#PO1000029067  
124197

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500


RE: Late Filing Fee for Uniform Business Report

Gentlemen:

I respectfully request that the late filing penalty be waived because I did not receive the original Uniform Business Report so that it could be timely filed. Please note that I have made the appropriate changes on the enclosed form and attached a check in the amount of \$150.

Your consideration in this matter is greatly appreciated.

Sincerely,



April L. Reichert